



### Part 1: Local Educational Agency Information

<b>Name of School</b>	<b>Name of School Principal or Executive Director (Public Charter Schools Only)</b>
Maya Angelou Public Charter School, High School Campus	Dr. Lucretia Murphy, Executive Director
<b>Full Address of School</b>	<b>Email Address of School Principal or Executive Director (Public Charter Schools Only)</b>
5600 E. Capitol Street, NE, Washington, DC 20019	<a href="mailto:lmurphy@seeforever.org">lmurphy@seeforever.org</a>
<b>Main Telephone Number of School</b>	<b>Telephone Number of School Principal or Executive Director (Public Charter Schools Only)</b>
202-379-4335	202-797-8250
<b>Name of Primary School Contact for Title I School Plan</b>	<b>Name of Additional School Contact for Title I School Plan</b>
Dr. Marian White-Hood	Corey Carter
<b>Position Title of Primary School Contact for Title I School Plan</b>	<b>Position Title of Additional School Contact for Title I School Plan</b>
Director of Academics	Principal
<b>Email Address of Primary School Contact for Title I School Plan</b>	<b>Email Address of Additional School Contact for Title I School Plan</b>
<a href="mailto:mwhitehood@seeforever.org">mwhitehood@seeforever.org</a>	<a href="mailto:ccarter@seeforever.org">ccarter@seeforever.org</a>
<b>Telephone Number of Primary School Contact for Title I School Plan</b>	<b>Telephone Number of Additional School Contact for Title I School Plan</b>
202-797-8250	202-379-4335

### Part 2: LEA Certification

I certify that all of the information contained in this application is true and accurate to the best of my knowledge.

Additionally, I certify that the LEA agrees to all assurances included in the application.

I have been authorized to file this application on behalf of the agency named above.

<b>Name of Individual Certifying Title I School Plan (Chief Academic Officer or Executive Director)</b>	<b>Signature of Individual Certifying Title I School Plan (Chief Academic Officer or Executive Director)</b>
Lucretia Murphy	
<b>Title of Individual Certifying Title I School Plan (Chief Academic Officer or Executive Director)</b>	<b>Date of Certification (input at the time of signature)</b>
Executive Director	10-04-12

**SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO [CON.APP@DC.GOV](mailto:CON.APP@DC.GOV).**

### OSSE Use Only

Date Title I School Plan First Received: